



2009 Health Benefit Summary

A side-by-side comparison of all CalPERS health plans



About This Publication

The **2009 Health Benefit Summary** compares benefits, covered services, and co-payment information for all CalPERS health maintenance organization (HMO), exclusive provider organization (EPO), and preferred provider organization (PPO) plans.

This publication is one of many CalPERS Open Enrollment resources that you can access to help choose and use your health plan. Others include:

- **2009 Health Program Guide** – Describes Basic and Medicare health plan eligibility, enrollment, and choices
- **2009 Your Health Plan, Your Doctors, and You: The Prescription for Quality Health Care** – Provides a variety of information that can help you make more informed health care choices
- **2009 CalPERS Medicare Enrollment Guide** – Provides information about how Medicare works with your CalPERS health benefits

You can obtain these publications and other health benefit forms by visiting the “Forms and Publications Center” of CalPERS On-Line at www.calpers.ca.gov or by calling CalPERS at **888 CalPERS** (or **888-225-7377**).

Important

The **2009 Health Benefit Summary** provides only a general overview of benefits. It does not include details of all covered expenses or exclusions and limitations. Please refer to each health plan’s *Evidence of Coverage* (EOC) booklet for the exact terms and conditions of coverage. Health plans mail EOCs to current members before Open Enrollment, to new members at the beginning of the year, and to CalPERS members upon request. In case of a conflict between this summary and your health plan’s EOC, the EOC booklet determines the benefits that will be provided.

Note: Some health plans require binding arbitration to resolve disputes. Please refer to the **2009 Health Program Guide** for more information.

This publication is to be used only in conjunction with the current year rate schedule. To obtain an additional copy of the rate schedule for any health plan, please contact CalPERS at **888 CalPERS** (or **888-225-7377**).

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Understanding Health Plan Availability

In this booklet, you will find a chart that indicates which CalPERS health plans are available in each California county, as well as out-of-state (see pages 6–7).

In general, if you are an active employee or a working CalPERS retiree, you may enroll in a health plan using either your home or work ZIP Code. The exception to this rule applies to members enrolling in Kaiser Permanente Senior Advantage, who must use only their residential address.

If you are using your home ZIP Code, all enrolled dependents must live in the health plan's service area. If you use your work ZIP Code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not live in that service area.

If you are a retired CalPERS member, you may select any health plan in your residential ZIP Code area. Retirees cannot use the address of the employer from which they retired to establish ZIP Code eligibility unless it is a non-CalPERS covered employer.

If you have Internet access and are not sure which plans are available in your area, be sure to visit the Open Enrollment Center on CalPERS On-Line at www.calpers.ca.gov. There, you will find a link to the *Health Plan Search by ZIP Code* tool. Just enter the ZIP Code for your home or work address, select your Member Category, and click on Continue to view your results.



Saving on Your Premium

You might be able to save on your health premium in 2009 by enrolling in one of our newer plan options – Blue Shield of California NetValue (HMO) and PERS Select (PPO). These “high performance network” plans provide the same level of benefits and quality of care as Blue Shield Access+ HMO and PERS Choice, respectively. The difference is that you pay a lower premium in exchange for choosing from a smaller panel of physicians. NetValue is available in 17 counties, and PERS Select in 54 counties. If you don't live in one

of these counties, perhaps you work in one. In that case, you might be able to enroll in one of these lower cost health plan options based on your work ZIP Code. (See the “Understanding Health Plan Availability” section above.)

For an illustration of how a high performance network plan might save you money, see “How to Maximize Your Health Care Dollars” on page 5.

Staying Healthy

Take Advantage of Free Preventive Care

If you are enrolled in one of our Basic HMO or PPO health plans, you will have no co-payment for most preventive care office visits. We hope this encourages you to take advantage of the free preventive care services our health plans offer, including routine periodic health exams, well baby and well child visits, immunizations, and pre/post-natal care.

Take Charge of Your Health

You can measure and monitor your health by taking a Health Risk Assessment (HRA). You can find an HRA – also known as a Wellness Assessment – on your health plan's Web site. This online health questionnaire takes approximately 15 to 30 minutes to complete. After answering questions about your overall health and lifestyle choices, you receive a baseline score which becomes your benchmark for monitoring your health status.

Once you've completed your HRA, be sure to browse through your health plan's Web site for useful information on fitness, nutrition, and other health topics.

Each CalPERS health plan offers an HRA, in addition to wellness programs and member incentives.

Blue Shield HMO

- **Program:** Healthy Lifestyle Rewards
- **Snapshot:** In addition to taking the Wellness Assessment, you can take charge of your health with personalized programs, articles, progress trackers, and answers to questions in one convenient location.
- **Incentives:** You will receive a \$50 Healthy Lifestyle Rewards (HLR) prepaid rewards card for completing a Wellness Assessment. For every 12 weeks of

participation in the program, you will receive an additional \$50 added onto your HLR prepaid rewards card. Each CalPERS Blue Shield family member over age 18 can earn up to \$200 per year for participating in the program and committing to a healthier lifestyle.

- **Web site:** www.blueshieldca.com/hlr

Kaiser Permanente

- **Program:** HealthWorks
- **Snapshot:** In addition to the Total Health Assessment, HealthWorks offers customized, online healthy lifestyle programs. You can connect with tools and resources that will help you take an active role in your health and make the choices that are right for your lifestyle.
- **Incentives:** When you complete the Total Health Assessment, you are automatically entered into a raffle to win \$500 spafinder.com certificates, store certificates from REI, Big 5, or Sports Authority, or 80 gigabyte iPods.
- **Web site:** www.kp.org/calpers

PERS Select/Choice/Care (administered by Anthem Blue Cross)

- **Program:** MyHealth@Anthem
- **Snapshot:** MyHealth@Anthem offers personalized, online health information to motivate you to become more involved in your health. This program includes dynamic tools such as MyHealth Assessment and MyHealth Record.
- **Incentives:** PERS Select members who complete an HRA will receive a \$100 debit card (limit 1 per family). All PPO members completing an HRA will be enrolled in a quarterly raffle for a \$500 debit card (limit 1 per family).
- **Web site:** www.anthem.com/ca/calpers



Choosing a Health Plan

Where to Find The Chooser

You can find the *Health Plan Chooser* by visiting the Open Enrollment Center on CalPERS On-Line at www.calpers.ca.gov.

Selecting a health plan for you and your family is one of the most important decisions you make. We understand that comparing health plan benefits, features, and costs can be complicated. That's why we offer an online tool called the *Health Plan Chooser*. The Chooser provides a convenient way to evaluate your health plan options and make an educated decision about the best plan for you and your family. With this easy-to-use tool, you can weigh plan benefits and costs, search for specific doctors, and view overall plan satisfaction and quality ratings.

The Chooser takes you through five steps that provide you with key information about each health plan. At each step, you can rate how well the plans fit your needs. When you finish, the Chooser will give you a Results Summary chart highlighting the plan(s) you rated as the best fit in each category. This chart allows you to easily determine which plan fits your needs.

1. Estimate Your Costs

Your out-of-pocket costs will differ from plan to plan depending on several factors, including how much your employer contributes toward your premium; how often you go to the doctor; and how many prescriptions you fill in a year. Out-of-pocket costs will also be affected by an ongoing illness (e.g., heart disease, asthma, diabetes) that requires you to visit the doctor often or take multiple medications.

To get an estimate of how much your costs will be each year, you first enter your employer's contribution. You then answer several questions regarding your medication use and use of medical services. The Chooser will use that information to provide an estimate of how much you can expect to pay

out-of-pocket for your monthly/annual health costs, including your estimated co-payments and deductibles. (Remember these are estimates only.)

2. Find a Doctor

Unless you moved recently, you probably already have a primary care doctor. You can use the Chooser to see if that doctor is in a health plan you are considering. If your doctor is not in the plan you are considering or if you'd like to change doctors, you can search for physicians in your area by name or by specialty.

3. Review Clinical Scores and Member Satisfaction Ratings

The Chooser allows you to compare clinical scores and member satisfaction ratings for the health plans. The clinical scores indicate whether members receive certain services shown to maintain or improve health.

The member satisfaction ratings indicate how other CalPERS members rate the plans in various areas, such as getting care quickly and getting prescriptions easily. The ratings are based on an annual member satisfaction survey. Reviewing how other CalPERS members rate each health plan can help you choose your plan.

To view more detailed member satisfaction ratings, you can review the CalPERS publication titled, **2009 Your Health Plan, Your Doctors, and You: The Prescription for Quality Health Care**. You can find it by clicking on "Prescription for Quality Health Care" located on the "Plan Performance Ratings" section of the Chooser.

4. Evaluate Plan Features

On the surface, you may think that all health plans are pretty much the same – but if you look more closely, you will find differences in several areas. The Chooser helps you identify the differences by allowing you to evaluate features in three categories:

- Help to Stay Healthy
- Medical Conditions
- How to Save Money

For example, if you smoke and would like to quit, you can find out what type of “stop smoking” program each plan offers. If your child has asthma, you can find out

about asthma management programs.

If you fill a lot of prescriptions each year, you can get some helpful tips on how to save money on your medications.

5. Compare Plan Costs and Covered Services

This part of the Chooser provides a summary of your costs for doctor visits and hospital stays, deductibles (if applicable), and the yearly maximum for each plan. To see more detailed information about your cost for various services, click on any of the plan names. You can also select up to three plans to see a side-by-side comparison of costs.

How to Maximize Your Health Care Dollars

To illustrate the value of a high performance network plan, let's use the example of a State member who currently has health coverage for herself and her family (husband, 4-year old child, and a baby on the way) through Blue Shield.

If this member transfers from the standard Blue Shield Access+ HMO family plan to Blue Shield NetValue, she would save more than \$1,800 in premiums in 2009. She could use this savings to pay for additional health care services for her family, such as co-payments for 20 office visits for

non-preventive care, 20 retail generic drug prescriptions, 20 retail brand prescriptions, 4 mail-order brand prescriptions, 4 mail-order non-formulary prescriptions, 12 urgent care visits, and 4 emergency room visits (without being admitted) – and still keep an extra \$348 in her pocket.

On top of that, she and her family members would continue to receive free preventive care services as outlined under “Take Advantage of Free Preventive Care” on page 3.



Important...

You must live or work in the geographic service area of the health plan in order to enroll or remain enrolled in that plan.

Health Plan Service Areas

To determine if the health plan you are considering provides service where you live or work, find your county to see which plans are available. You should contact the plan before you enroll to make sure they currently cover your ZIP Code and

that their provider network is accepting new patients in your area. You may also use our online service, the *Health Plan Search by ZIP Code*, available at www.calpers.ca.gov.

County	Blue Shield Access+ & EPO	Blue Shield NetValue	CAHP	CCPOA	Kaiser Permanente	PERS Choice	PERS Select	PERScare	PORAC
Alameda	●		●	●	●	●		●	●
Alpine			●			●	●	●	●
Amador			●		●	●	●	●	●
Butte	●		●	●		●	●	●	●
Calaveras			●			●	●	●	●
Colusa	▲		●			●	●	●	●
Contra Costa	●		●	●	●	●	●	●	●
Del Norte			●			●	●	●	●
El Dorado	●	●	●	●	●	●	●	●	●
Fresno	●	●	●	●	●	●	●	●	●
Glenn	●		●	●		●	●	●	●
Humboldt	●		●			●	●	●	●
Imperial	●		●	●		●	●	●	●
Inyo			●			●	●	●	●
Kern	●	●	●	●	●	●	●	●	●
Kings	●	●	●	●	●	●	●	●	●
Lake			●			●	●	●	●
Lassen			●			●	●	●	●
Los Angeles	●	●	●	●	●	●	●	●	●
Madera	●	●	●	●	●	●	●	●	●
Marin	●		●	●	●	●		●	●
Mariposa	●		●	●	●	●	●	●	●
Mendocino	▲		●			●	●	●	●
Merced	●		●	●		●	●	●	●
Modoc			●			●	●	●	●
Mono			●			●	●	●	●
Monterey			●			●	●	●	●
Napa			●		●	●	●	●	●
Nevada	●	●	●	●		●	●	●	●
Orange	●	●	●	●	●	●	●	●	●
Placer	●	●	●	●	●	●		●	●
Plumas			●			●	●	●	●
Riverside	●	●	●	●	●	●	●	●	●

County	Blue Shield Access+ & EPO	Blue Shield NetValue	CAHP	CCPOA	Kaiser Permanente	PERS Choice	PERS Select	PERSCare	PORAC
Sacramento	●	●	●	●	●	●	●	●	●
San Benito			●			●	●	●	●
San Bernardino	●	●	●	●	●	●	●	●	●
San Diego	●	●	●	●	●	●	●	●	●
San Francisco	●		●	●	●	●	●	●	●
San Joaquin	●	●	●	●	●	●	●	●	●
San Luis Obispo	●		●	●		●	●	●	●
San Mateo	●		●	●	●	●	●	●	●
Santa Barbara	●	●	●	●		●	●	●	●
Santa Clara	●		●	●	●	●	●	●	●
Santa Cruz	●		●	●		●	●	●	●
Shasta			●			●	●	●	●
Sierra	▲		●			●	●	●	●
Siskiyou			●			●	●	●	●
Solano	●		●	●	●	●		●	●
Sonoma	●		●	●	●	●	●	●	●
Stanislaus	●		●	●	●	●	●	●	●
Sutter			●		●	●	●	●	●
Tehama			●			●	●	●	●
Trinity			●			●	●	●	●
Tulare	●		●	●	●	●	●	●	●
Tuolumne			●			●	●	●	●
Ventura	●	●	●	●	●	●	●	●	●
Yolo	●	●	●	●	●	●	●	●	●
Yuba			●		●	●	●	●	●
Out-of-State					●	●		●	●

Chart Legend

- Health plan covers all or part of county.
- ▲ The Blue Shield EPO plan serves Colusa, Mendocino, and Sierra counties only. The EPO plan offers the same covered services as the Access+ HMO plan, but members must seek services from Blue Shield's network of preferred providers. Members are not required to select a personal physician.

Kaiser Medicare Managed Care Plan

If you are retired and eligible for Medicare, and you are enrolled or enrolling in Kaiser Permanente's CalPERS-sponsored Medicare Managed Care plan (called Senior Advantage in most areas), you must:



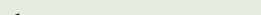







- Reside in an approved ZIP Code; and
- Complete the *Senior Advantage Election* form.

If you are Medicare eligible and enrolling in Kaiser Permanente outside of California, you must enroll in a Kaiser Medicare plan in your state. You cannot remain enrolled in the Kaiser Basic health plan.

CalPERS Basic Health Care Plans

Benefits and Co-pay and/or Benefit Limits

	HMO Basic Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA <i>Association Plan</i>
Calendar Year Deductible					
Individual	←		N/A		→
Family					
Maximum Calendar Year Co-pay (excluding pharmacy)					
Individual	←		\$1,500 (see EOC for other items not counted toward co-pay max limit)		→
Family	\$3,000 ←	\$3,000 (see EOC for other items not counted toward co-pay max limit)	\$3,000	\$3,000	\$4,500 →
Lifetime Maximum Benefit					
	←		N/A		→
Hospital Admission Deductible					
Per Admission	←		N/A		→
Hospital					
Inpatient	←	No Charge			\$100/admission
Outpatient Facility Services	\$15	No Charge			→
Outpatient Surgery	\$15	←	No Charge		\$50
Emergency Room Deductible					
	←		N/A		→
Emergency Services					
Emergency					\$75
	←	\$50 (co-pay waived if admitted as an inpatient or for observation as an outpatient)			→
Non-emergency					N/A
Ambulance Services					
	←		No Charge		→

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>		PORAC <i>Association Plan</i>	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
		\$500 (not transferable between plans)				N/A		\$300	\$600
		\$1,000 (not transferable between plans)						\$900	\$1,800
\$3,000	N/A	\$3,000	N/A	\$2,000	N/A	\$2,000	N/A	\$3,000	
\$6,000		\$6,000		\$4,000		\$4,000		\$6,000	
\$2,000,000/individual		\$2,000,000/individual		N/A		\$2,000,000/individual		N/A	
N/A		N/A		\$250		N/A		N/A	
20%	40%	20%	40%	10%	40%	10%	Varies (see EOC)	10%	10% ³
							40%		
							40%		
		\$50 (applies to hospital emergency room charges only; deductible waived if admitted as an inpatient or for observation as an outpatient)				 N/A 			
		20% (applies to other services such as physician, x-ray, lab, etc.)				\$50 + 10% (co-pay reduced to \$25 if admitted on an inpatient basis)	\$50 + 10% (co-pay reduced to \$25 if admitted on an inpatient basis)	10%	
20%	40%	20%	40%	10%	40%		\$50 + 40% (co-pay reduced to \$25 if admitted on an inpatient basis)	50% (for non-emergency services provided by hospital emergency room)	
				20%					

Note: All footnotes are located at the end of chart.

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Physician Services					
Office Visits <i>(more than one co-pay may apply during an office visit if multiple services are provided)</i>	←————— \$15 —————→				
Inpatient Hospital Visits	←————— No Charge —————→				
Outpatient Hospital Visits	\$15 (outpatient surgery)	←————— No Charge —————→			
Urgent Care Visits	←————— \$15 —————→				\$25
Periodic Health Exam/Preventive Care	←————— No Charge —————→				
Gynecological Exam	\$15 (No Charge for well woman)	←————— No Charge —————→			
Immunization/Inoculation	←————— No Charge —————→				
Well Baby Care	←————— No Charge —————→				
Pregnancy & Maternity Care <i>(includes pre-natal and post-natal care visits)</i>	←————— No Charge —————→				

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
\$20 ¹	40%	\$20 ²	40%	\$20 ²	40%	\$15	40%	\$20 (deductible does not apply)	10% ³
20% ¹	40%	20% ²	40%	10% ²	40%	10%	40%	10%	10% ³
\$20 ¹	40%	\$20 ²	40%	\$20 ²	40%	10%	40%	10%	10% ³
\$20	40%	\$20	40%	\$20	40%	\$15	40%	\$20 (deductible does not apply)	10% ³
No Charge¹ (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge (\$400/year max)		No Charge (up to PPO and Non-PPO combined max of \$500/year for age 7 and over)	No Charge³ (up to PPO and Non-PPO combined max of \$500/year for age 7 and over)
No Charge¹ (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	10%	40%	No Charge (up to PPO and Non-PPO combined max \$500/year)	No Charge³ (up to PPO and Non-PPO combined max \$500/year)
No Charge¹ (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge (\$300/year max)		No Charge (included in well baby/ well child)	
No Charge¹ (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge (for children under age 7)		No Charge (up to PPO and Non-PPO combined max \$500/year for age 7 and over)	No Charge³ (up to PPO and Non-PPO combined max \$500/year for age 7 and over)
20% ¹	40%	20% ²	40%	10% ²	40%	10%	40%	10%	10% ³

	HMO Basic Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Physician Services (continued)					
Allergy Testing	\$15	No Charge			
Allergy Treatment	No Charge (for allergy injections)	No Charge			
Vision Exam/Screening	No Charge	No Charge (varies by plan for age 18 and over and may be limited to one visit/calendar year; no limit on number of visits for members under age 18)			No Charge
Hearing Exam/Screening	No Charge				
Surgery/Anesthesia	No Charge for inpatient; \$15 for outpatient	No Charge			
Diagnostic X-Ray/Lab					
	No Charge (some procedures may require a co-pay)	No Charge			
Prescription Drugs					
Deductible	N/A				Brand Formulary: \$50 (not to exceed \$150/family/calendar year)
Retail Pharmacy	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	Generic: \$5 Brand Formulary: \$15 Non-Formulary: \$45 (not to exceed 30-day supply)			Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$50 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	\$30 for medically approved and prior authorized non-formulary drugs			N/A

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
20% ¹	40%	20% ²	40%	10% ²	40%	10%	40%	10%	10% ³
20% ¹	40%	20% ²	40%	10% ²	40%	10%	40%	10%	10% ³
← Not Covered →									
20% ¹	40%	20% ²	40%	10% ²	40%	10% (\$200 max/ 36 months)	40% (\$200 max/ 36 months)	20% (deductible does not apply; \$50/ exam max with hearing aid purchase)	20% ³ (deductible does not apply; \$50/ exam max with hearing aid purchase)
20% ¹	40%	20% ²	40%	10% ²	40%	10%	40%	10%	10% ³
20%	40%	20%	40%	10%	40%	10%	40%	10%	10% ³
← N/A →									
		Generic: \$5 Preferred: \$15 Non-Preferred: \$45				Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$25		Generic: \$10 Brand Formulary: \$25 Non- Formulary: \$45 Compound: \$45	Generic: \$10 Brand Formulary: \$25 Non- Formulary: \$45 Compound: Not Covered (see EOC)
		\$30				N/A		N/A	

	HMO Basic Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA <i>Association Plan</i>
Prescription Drugs (continued)					
Retail Pharmacy Maintenance Medications filled after 2 nd fill (i.e., a medication taken longer than 60 days)	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	←	Generic: \$5 Brand Formulary: \$15 Non-Formulary: \$45 (not to exceed 30-day supply)	→	Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$50 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	←	\$30 for medically approved and prior authorized non-formulary drugs	→	N/A
Mail Order Pharmacy Program	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	←	Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$75 (not to exceed 90-day supply)	→	Generic: \$20 Brand Formulary: \$50 Non-Formulary: \$100 (not to exceed 90-day supply)
Medical Necessity/Partial Waiver	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	←	\$45 for medically approved and prior authorized non-formulary drugs	→	N/A
Maximum co-payment per person per calendar year	N/A	←	\$1,000	→	N/A
Durable Medical Equipment					
	←		No Charge		→
Infertility Testing/Treatment					
	←		50% of covered charges (varies – see EOC for benefits and exclusions)		→

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO

Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 30-day supply)		Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 34-day supply)		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$50		N/A	
		\$45		N/A		N/A	
Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 90-day supply)		Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 90-day supply)		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$50		Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75 (see EOC for specialty pharmacy fees)	N/A
		\$45		N/A		N/A	
		\$1,000		N/A		N/A	

20%	40%	20%	40%	10%	40%	10%	40%	20%	20% ³
(\$6,000 calendar year max applies)				(pre-certification required for durable medical equipment priced at \$1,000 or more)					

Not Covered		50% (up to PPO and non-PPO combined lifetime max of \$5,000)	
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	HMO Basic Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA <i>Association Plan</i>
Substance Abuse Treatment					
Inpatient	No Charge (limited to acute medical detoxification only)				\$100/admission (limited to acute medical detoxification only)
Outpatient	\$15 individual therapy \$5 group therapy (evaluation, crisis intervention, and treatment for conditions subject to significant improvement through short-term therapy)	\$15 (up to 20 visits/calendar year; evaluation, crisis intervention, and treatment for conditions subject to significant improvement through short-term therapy)			\$15 (up to 40 visits/ calendar year combined with non-severe mental health visits; crisis intervention and treatment; see EOC)
Mental Health					
Inpatient	No Charge				\$100/admission
Outpatient (for severe mental illness of a child or adult or emotional disturbance of a child)	\$15 individual therapy; \$7 group therapy	\$15			
Outpatient (evaluation, crisis intervention and treatment for other mental health conditions)	\$15 individual therapy (up to 20 visits); \$7 group therapy (up to 20 visits/ calendar year)	\$20 per visit (up to 20 visits/calendar year)			\$20 (up to 40 visits/ calendar year combined with outpatient substance abuse visits)
Home Health Services (prior authorization required; custodial care not covered)					
	No Charge				\$15 (up to 100 visits/ calendar year)

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>		PORAC <i>Association Plan</i>	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
20% ←	40% (up to 20 days/calendar year; \$12,000 lifetime max for any combination of inpatient and outpatient benefits)	20%	40% →	10% (up to 30 days/calendar year; \$12,000 lifetime max for any combination of inpatient and outpatient benefits; \$250 hospital admission deductible applies)	40%	\$15,000 max/year; \$30,000 lifetime max		\$150/course of treatment + 20% of remaining covered expense (with authorization); \$300/course of treatment + 50% of remaining covered expense (without authorization)	\$500 per course of treatment + 50% of remaining covered expense
20% ←	40% (up to 24 visits/calendar year; \$12,000 lifetime max for any combination of inpatient and outpatient benefits)	20%	40% →	10% (up to 30 visits/calendar year for any combination of inpatient and outpatient benefits)	40%			20% of covered expense (with authorization); 50% of covered expense (without authorization)	50% of covered expense
20% ←	40% (up to 20 days/calendar year)	20%	40% →	10% (\$250 deductible/admission; up to 30 days/calendar year)	40%	See EOC		20% with authorization; 50% without authorization (see EOC)	50%
20%	40%	20%	40%	10%	40%				
20% ←	40% (up to 24 days/calendar year)	20%	40% →	10% (up to 30 days/calendar year)	40%				
20% ←	40% (up to \$6,000/calendar year)	20%	40% →	10% (up to 100 visits/calendar year)	40%	10% (up to 90 visits/period of disability)	40%	10% (100 visits max/year; combined benefit for PPO/Non-PPO)	

	HMO Basic Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA <i>Association Plan</i>
Skilled Nursing Care					
Inpatient <i>(hospital or skilled nursing facility)</i>	No Charge (up to 100 days/ benefit period)	No Charge (up to 100 days/calendar year)			No Charge (up to 100 days/ year)
Outpatient <i>(office and home visits)</i>		Not Covered (medically necessary services provided in licensed skilled nursing facility only; custodial care not covered)			
Occupational Therapy					
Inpatient <i>(hospital or skilled nursing facility)</i>		No Charge			
Outpatient <i>(office and home visits)</i>		\$15			No Charge
Physical Therapy					
Inpatient <i>(hospital or skilled nursing facility)</i>		No Charge			

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
20% first 10 days; 30% next 90 days (pre-certification required; up to 100 days/calendar year)	40% (pre-certification required; up to 100 days/calendar year)	20% first 10 days; 30% next 90 days (pre-certification required; up to 100 days/calendar year)	40% (pre-certification required; up to 100 days/calendar year)	10% first 10 days; 20% next 170 days (pre-certification required; up to 180 days/calendar year)	40% first 10 days; 40% next 170 days (pre-certification required; up to 180 days/calendar year)	10% (up to 100 days of confinement)	40%	10% (up to 100 days/year combined PPO/Non-PPO benefit for inpatient skilled nursing facility)	
<div> <div></div> <div>←</div> <div>Not Covered (medically necessary services received as inpatient in a skilled nursing facility only)</div> <div>→</div> <div></div> </div>						10% (up to 100 days of confinement; combined benefit for inpatient/outpatient)	40%	N/A	
<div> <div></div> <div>←</div> <div>No Charge</div> <div>→</div> <div></div> </div>								10%	10% ³ (up to \$700 total chiropractic, physical, and occupational combined)
20%	20%	20%	20%	20%	20%	10% (pre-certification required for more than 24 visits/year)	40%	\$20 (up to 20 visits max/year for combined chiropractic, physical, and occupational therapy); 10% on all other charges	10% ³ (up to \$35/visit; up to \$700 total chiropractic, physical, and occupational therapy combined)
<div> <div></div> <div>←</div> <div>(combined benefit max of \$3,500/calendar year for physical/occupational therapy)</div> <div>→</div> <div></div> </div>									
<div> <div></div> <div>←</div> <div>No Charge</div> <div>→</div> <div></div> </div>						10% (pre-certification required for more than 24 visits/year)	40%	10%	10% ³ (up to \$700 total chiropractic, physical, and occupational therapy combined)

	HMO Basic Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Physical Therapy (continued)					
Outpatient (office and home visits)	← \$15 →				No Charge
Speech Therapy					
Inpatient (hospital or skilled nursing facility)	← No Charge →				
Outpatient (office and home visits)	← \$15 →				No Charge
Hospice					
	← No Charge →				
Acupuncture					
	\$15 (when medically necessary; discounts available up to 25% off)	← Not Covered (alternate care discounts of 25% or more through mylifepath alternative care discount program) →			Not Covered
Chiropractic					
	\$10 (20 visits/calendar year; discounts available up to 25% off)	← Not Covered (alternate care discounts of 25% or more through mylifepath alternative care discount program) →			\$15 for exam (up to 20 visits/ calendar year) No Charge for diagnostic services; No Charge for chiropractic appliances (up to \$50 max is covered during calendar year)
Biofeedback					
	\$15	←	Not Covered	→	\$15

20%	40%	20%	40%	10%	40%	10%	40%	\$20 (up to 20 visits max/year for combined chiropractic, physical, and occupational therapy; more than one co-pay may apply during an office visit if multiple services are provided)	10% ³ (up to \$35/visit; up to \$700 total chiropractic, physical, and occupational therapy combined)
← (combined benefit max of \$3,500/calendar year for physical/occupational therapy) →						(pre-certification required for more than 24 visits/year)			

20%	40%	20%	40%	10%	40%	10%	40%	10%	10% ³
(\$5,000 lifetime max for outpatient benefits)						10%	40%	10%	10% ³

20%	20% (\$10,000 lifetime max)	10%	No Charge (\$7,500 lifetime max)	10%
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20%	40%	20%	40%	10%	40%	10%	40%	\$20	10% ³
(combined benefit for acupuncture/chiropractic; 15 visits/calendar year)				(combined benefit for acupuncture/chiropractic; 20 visits/calendar year)		(20 visits/year for any combination of chiropractic or acupuncture services)		(10% for all other services)	

20%	40%	20%	40%	10%	40%	10%	40%	Up to 20 visits/ calendar year for combined chiropractic, physical, and occupational therapy	Up to \$700 total chiropractic, physical, and occupational therapy combined
<p>← (combined benefit for acupuncture/ chiropractic; 15 visits/calendar year) →</p>				<p>(combined benefit for acupuncture/chiropractic; 20 visits/calendar year)</p>		<p>(20 visits/year for any combination of chiropractic or acupuncture services)</p>			

20%	40%	20%	40%	10%	40%	20%	10%
←	(combined with mental health; up to 24 visits/calendar year)		→	(combined with mental health; up to 30 visits/calendar year)		(other than for mental disorders and chemical dependency)	(if in conjunction with mental health treatment)

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA <i>Association Plan</i>
Blood & Blood Products	← No Charge →				Included with inpatient hospitalization
Hearing Aid Services					
Audiological Exam	← No Charge →				\$15
Hearing Aids	\$1,000 allowance every 36 months for both ears				\$500 max/ member/ calendar year for both ears

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>		PORAC <i>Association Plan</i>	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO

20%		20%		20%		20%		20%	
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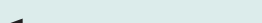







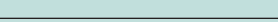







20%	40%	20%	40%	20%	40%	10% (\$200 max every 36 months)	40%	20% (no deductible; up to \$50 if in conjunction with purchase of hearing aid)
20%	40%	20% (\$1,000 max in a 36-month period)	40%	10%	40%	10% (\$1,000 max every 36 months)	40%	20% (no deductible; up to one/ear; \$450 max/36 months)

- ¹ PERS Select utilizes the Anthem Blue Cross Select PPO Network, which is a subset of the Anthem Blue Cross Prudent Buyer PPO Network. Approximately 50 percent of the Anthem Blue Cross Prudent Buyer PPO Network of physicians participate in the Select PPO Network. By obtaining physician services through the Select PPO Network, you will receive the highest level of reimbursement. A PERS Select member should check to see if a physician is participating in the Select PPO Network before receiving services.
- ² PERS Choice and PERSCare utilize the Anthem Blue Cross Prudent Buyer PPO Network, which is a more comprehensive network. By obtaining services through Anthem Blue Cross Prudent Buyer PPO Network, you will receive the highest level of reimbursement.
- ³ Covered expense for services from non-PPO providers is based on strictly limited schedule of allowances. Members must pay charges in excess of those scheduled amounts.

CalPERS Supplement to Medicare Health Care Plans

Benefits and Co-pay and/or Benefit Limits

	HMO Medicare Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA <i>Association Plan</i>
Calendar Year Deductible					
Individual	←—————		N/A	—————→	
Family	←—————		N/A	—————→	
Maximum Calendar Year Co-pay (excluding pharmacy)					
Individual	\$1,500 (see EOC)	←—————	N/A	—————→	\$1,500
Family	\$3,000 (see EOC)	←—————	N/A	—————→	\$4,500 (3 or more members)
Lifetime Maximum Benefit					
	←—————		N/A	—————→	
Hospital Admission Deductible					
Per Admission	←—————		N/A	—————→	
Hospital					
Inpatient	←—————	No Charge			\$100/admission
Outpatient Facility Services	\$10	No Charge			
Outpatient Surgery	\$10	No Charge			
Emergency Room Deductible					
	←—————		N/A	—————→	
Emergency Services					
	←—————	\$50 (waived if hospitalized or kept for observation)		—————→	No Charge
Ambulance Services					
	←—————	No Charge			
Hearing Exam/Screening					
	←—————	\$10			No Charge

PPO Medicare Plans							
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
 (plan pays Medicare Parts A and B deductible)		N/A				\$100 (applicable to major medical benefits only)	\$100 (applicable to major medical benefits only)
						\$200 (applicable to major medical benefits only)	\$200 (applicable to major medical benefits only)
N/A		N/A		N/A (\$3,000 when not a benefit of Medicare)		N/A (\$3,000 when not a benefit of Medicare)	\$15,000 calendar year stop-loss (applicable to major medical benefits only, excluding outpatient prescription drug benefits)
				N/A			
		N/A				\$1,000,000 (applicable to major medical benefits only)	\$2,000,000/individual (applicable to major medical benefits only)
				N/A			
No Charge ¹		No Charge ¹		No Charge ^{1,2} (20% when not a benefit of Medicare)		No Charge	No Charge (after Medicare benefits are exhausted, plan pays for an additional 365 days/benefit period)
					No Charge (20% when not a benefit of Medicare)		
				N/A			
		No Charge ¹				No Charge if Medicare approved (20% if not Medicare approved)	No Charge
		No Charge ¹				No Charge if Medicare approved (20% if not Medicare approved)	No Charge
		No Charge ^{1,2}				No Charge if Medicare approved	20% (\$50 exam in connection with hearing aid purchase)

Note: All footnotes are located at the end of chart.

	HMO Medicare Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Surgery/Anesthesia	No Charge for inpatient; \$10 for outpatient	No Charge			
Diagnostic X-Ray/Lab	No Charge (some procedures may require a co-pay)	No Charge			
Durable Medical Equipment	No Charge				
Physician Services					
Office Visits		\$10			
Inpatient Hospital Visits		No Charge			
Outpatient Hospital Visits	\$10	No Charge			
Urgent Care Visits	\$10	\$25			No Charge
Periodic Health Exam/Preventive Care		\$10			No Charge
Gynecological Exam		\$10			No Charge
Immunization/Inoculation	No Charge	\$10			No Charge
Allergy Testing	\$10	\$10			No Charge
Allergy Treatment	\$3 (for allergy injections)	\$10			No Charge
Vision Exam/Screening		\$10			No Charge
Prescription Drugs					
Deductible		N/A			
Retail Pharmacy	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	Generic: \$5 Brand Formulary: \$15 Non-Formulary: \$45 (not to exceed 30-day supply)			Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$35 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	\$30 for medically approved and prior authorized non-formulary drugs			N/A

PPO Medicare Plans							
PERS Select		PERS Choice		PERSCare		CAHP Association Plan	PORAC Association Plan
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
← No Charge ¹ →		← No Charge ¹ →		← No Charge ¹ →		No Charge	No Charge
← No Charge ¹ →		← No Charge ¹ →		← No Charge ¹ →		No Charge	No Charge
← No Charge ¹ →		← No Charge ¹ →		← No Charge ¹ →		No Charge	No Charge (20% when not a benefit of Medicare)
← No Charge ¹ →		← No Charge ¹ →		← No Charge ^{1,2} →		\$10	No Charge
						No Charge	No Charge
						No Charge	No Charge
						No Charge	No Charge
						Not covered (unless Medicare approved)	Not covered (unless Medicare approved)
						No Charge	No Charge
No Charge ¹		No Charge ¹		No Charge ^{1,2}		No Charge	No Charge
← No Charge ¹ →		← No Charge ¹ →		← No Charge ^{1,2} →		No Charge	No Charge
← No Charge ¹ →		← No Charge ¹ →		← No Charge ^{1,2} →		No Charge	No Charge
← One exam/year up to a max of \$35 ² →		← One exam/year up to a max of \$35 ² →		← One exam/year up to a max of \$35 ² →		Not covered	20% (one exam/calendar year)
← N/A →		← N/A →		← N/A →			\$50 (excluding mail order)
← Generic: \$5 Preferred: \$15 Non-Preferred: \$45 →		← Generic: \$5 Preferred: \$15 Non-Preferred: \$45 →		← Generic: \$5 Single Source: \$20 Multi Source: \$25 →			Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45
← \$30 →		← \$30 →		← N/A →		N/A	N/A

	HMO Medicare Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Prescription Drugs (continued)					
Retail Pharmacy Maintenance Medications filled after 2 nd fill (i.e., a medication taken longer than 60 days)	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	←	Generic: \$5 Brand Formulary: \$15 Non-Formulary: \$45 (not to exceed 30-day supply)	→	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$35 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	←	\$30 for medically approved and prior authorized non-formulary drugs	→	N/A
Mail Order Pharmacy Program	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	←	Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$75 (not to exceed 90-day supply)	→	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$70 (not to exceed 90-day supply)
Medical Necessity/Partial Waiver	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	←	\$45 for medically approved and prior authorized non-formulary drugs	→	N/A
Maximum co-payment per person/calendar year	N/A	←	\$1,000	→	N/A
Mental Health					
Inpatient	No Charge (190 lifetime days covered by Medicare; 45 additional days/ calendar year covered after exhaustion of lifetime days)	←	No Charge	→	\$100/admission
Outpatient (for severe mental illness of a child or adult or emotional disturbance of a child)	\$10 individual therapy; \$5 group therapy	←	\$10 for initial visit to determine and diagnose the condition (exception: Access+ Specialist visits require \$30 co-payment/visit)	→	\$10
Outpatient (evaluation, crisis intervention and treatment for other mental health conditions)	\$10 individual therapy; \$5 group therapy	←	\$20 (up to 20 visits/year)	→	\$5 (up to 40 visits/ calendar year; see EOC)
Substance Abuse Treatment					
Inpatient	←	No Charge (limited to acute medical detoxification only)			\$100/admission
Outpatient	\$10 individual therapy; \$5 group therapy	←	\$10 (up to 20 visits/ calendar year)	→	\$15 (up to 40 visits/ calendar year; see EOC)

PPO Medicare Plans							
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
<div>Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 30-day supply)</div>				<div>Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 34-day supply)</div>		<div>Generic: \$10 Single Source: \$40 Multi Source: \$50</div>	<div>N/A</div>
		\$45				<div>N/A</div>	<div>N/A</div>
<div>Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 90-day supply)</div>				<div>Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 90-day supply)</div>		<div>Generic: \$10 Single Source: \$40 Multi Source: \$50</div>	<div>Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75</div>
		\$45				<div>N/A</div>	<div>N/A</div>
		\$1,000				<div>N/A</div>	<div>N/A</div>

No Charge ¹	No Charge ¹	No Charge ^{1,2} (if not a benefit of Medicare, 20% of the physician visit up to \$32/day)	No Charge if Medicare approved (up to \$40/visit if not Medicare approved)	No Charge (20% when not a benefit of Medicare; up to \$40/inpatient physician visit)
No Charge ¹	No Charge ¹	No Charge ^{1,2}	No Charge if Medicare approved (up to \$20/visit if not Medicare approved)	No Charge (20% when not a benefit of Medicare)
Excess Charges ¹ (Medicare pays 50% of the approved amount for most services)	Excess Charges ¹ (Medicare pays 50% of the approved amount for most services)	Excess Charges ^{1,2} (Medicare pays 50% of the approved amount for most services; if not a benefit of Medicare, 20%/day up to \$32/day)	No Charge if Medicare approved (up to \$20/visit if not Medicare approved)	No Charge (50% when not a benefit of Medicare; up to \$20/day)

No Charge ¹	No Charge ¹	Not covered (unless Medicare approved)	Not covered (unless Medicare approved)
Excess Charges ¹ (Medicare pays 50% of treatment that meets certain conditions)	Excess Charges ¹ (Medicare pays 50% of treatment that meets certain conditions)	Not covered (unless Medicare approved)	Not covered (unless Medicare approved)

	HMO Medicare Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Home Health Services	<div>← No Charge →</div>				No Charge (up to 100 visits/ calendar year)
Skilled Nursing Facility Care	<div>← No Charge (up to 100 days/benefit period) →</div>				
Speech Therapy					
Inpatient (hospital or skilled nursing facility)	No Charge	<div>← \$10 →</div>	\$10	<div>→</div>	No Charge
Outpatient (office and home visits)	\$10				
Physical Therapy					
Inpatient (hospital or skilled nursing facility)	No Charge	<div>← \$10 →</div>	\$10	<div>→</div>	
Outpatient (office and home visits)	\$10				
Occupational Therapy					
Inpatient (hospital or skilled nursing facility)	No Charge	<div>← \$10 →</div>	\$10	<div>→</div>	
Outpatient (office and home visits)	\$10				
Hospice	<div>← No Charge →</div>				
Acupuncture	\$10 (when medically necessary; discounts available up to 25% off)	<div>← (alternate care discounts of 25% or more through mylifepath alternative care discount program) →</div>	Not Covered		Not Covered
Chiropractic	\$10 (20 visits/calendar year); discounts available up to 25% off No Charge for chiropractic appliances (up to \$50 max/ calendar year)	<div>← \$10 →</div>	\$10	<div>→</div>	\$15/exam (up to 20 visits/ calendar year) No Charge for diagnostic services; No Charge for chiropractic appliances (up to \$50 max is covered during calendar year)

PPO Medicare Plans							
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
← No Charge ¹ →						No Charge if Medicare approved (20% if not Medicare approved)	No Charge
No Charge ¹ (up to 100 days/benefit period in a Medicare approved facility)	No Charge ¹ (up to 100 days/benefit period in a Medicare approved facility)	No Charge ¹ (up to 100 days/benefit period in a Medicare approved facility) 20% ² (from 101 to 365 days; pre-certification required)		No Charge (20% after Medicare benefits are exhausted)		No Charge (after Medicare benefits are exhausted, plan pays days 101 through 365)	
No Charge ¹	No Charge ¹	No Charge ^{1,2} (20% when not a benefit of Medicare, up to a lifetime max plan payment of \$5,000)		No Charge if Medicare approved (20% if not Medicare approved; \$5,000 lifetime max)		No Charge (20% when not a benefit of Medicare; up to \$5,000 in an individual's lifetime for all inpatient and outpatient combined)	
No Charge ¹	No Charge ¹	No Charge ^{1,2} (20% when not a benefit of Medicare)		No Charge if Medicare approved (20% if not Medicare approved)		No Charge	
No Charge ¹	No Charge ¹	No Charge ^{1,2}		No Charge if Medicare approved (20% if not Medicare approved)		No Charge	
← No Charge ¹ →						No Charge if Medicare approved (20% if not Medicare approved; \$7,500 lifetime max)	No Charge
Not Covered	Not Covered	20% ² (up to 20 visits/year)		No Charge if Medicare approved (20% if not Medicare approved)		20% (major medical benefits)	
← No Charge ¹ →						No Charge if Medicare approved (20% if not Medicare approved)	No Charge (20% when not a benefit of Medicare)

	HMO Medicare Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Biofeedback	\$10	No Charge			\$15
Blood & Blood Products	No Charge				Included with inpatient hospitalization
Diabetes Services			No Charge		
Glucose monitors, test strips, lancets		(see EOC for covered equipment/services)			
Self-management training	\$10 individual training; No Charge for group training	\$10 (diabetic education to include nutritional counseling)			\$10
Hearing Aid Services					
Audiological Exam	\$10	No Charge			\$15
Hearing Aids		\$1,000 allowance every 36 months for both ears			\$500 max/ member/ calendar year for both ears
Vision Care					
Vision Exam	\$10	\$10 (limited to one visit/calendar year for members aged 18 and over; no limit on members under age 18)			
Eyeglasses	\$175 allowance every 24 months; \$150 allowance following cataract surgery	Not Covered (except for eyeglasses necessary after cataract surgery)			
Contact Lenses	In lieu of eyeglasses: \$175 allowance every 24 months; \$150 allowance following cataract surgery	Not Covered			

PPO Medicare Plans							
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
← No Charge ¹ →		← No Charge ¹ →		← No Charge ^{1,2} → (20% of the first 3 pints when not a benefit of Medicare and unreplaced)		No Charge if Medicare approved (20% if not Medicare approved)	50% major medical benefits (up to \$40/day inpatient and \$20/day outpatient)
No Charge ¹ (all but first 3 pints/ calendar year)		No Charge ¹ (all but first 3 pints/ calendar year)		No Charge ^{1,2} (20% of the first 3 pints when not a benefit of Medicare and unreplaced)		No Charge (first 3 units unreplaced; 20% when not a benefit of Medicare)	No Charge (first 3 units unreplaced; 20% when not a benefit of Medicare)
← No Charge ¹ → (includes diabetes self management, training, glucose monitors, test strips, lancets, etc.)		← No Charge ¹ → (includes diabetes self management, training, glucose monitors, test strips, lancets, etc.)		← No Charge ^{1,2} → (20% of the first 3 pints when not a benefit of Medicare and unreplaced)		No Charge if Medicare approved	No Charge (20% when not a benefit of Medicare)
← 20% ² → (max payment of \$1,000 once every 36 months)		← 20% ² → (max payment of \$1,000 once every 36 months)		← 20% ² → (max payment of \$2,000 once every 24 months)		10% if not Medicare approved (\$200 maximum/36 months)	20% (up to \$50/exam in connection with hearing aid purchase)
← 20% ² → (max payment of \$1,000 once every 36 months)		← 20% ² → (max payment of \$2,000 once every 24 months)		← 20% ² → (max payment of \$2,000 once every 24 months)		10% if not Medicare approved (\$1000 maximum/36 months)	20% (one/ear every 36 months up to \$450/hearing aid)
← One exam/calendar year ² → (\$35 max allowance)		← One exam/calendar year ² → (\$35 max allowance)		← One exam/calendar year ² → (\$35 max allowance)		Not Covered	20% for one exam/year
← Two lenses/calendar year; one set of frames during a 24-month period ² → Maximum Allowance: Frames: \$30 Each lens: Single Vision - \$20; Bifocal - \$35; Trifocal - \$45; Lenticular - \$50		← Two lenses/calendar year; one set of frames during a 24-month period ² → Maximum Allowance: Frames: \$30 Each lens: Single Vision - \$20; Bifocal - \$35; Trifocal - \$45; Lenticular - \$50		← Two lenses/calendar year; one set of frames during a 24-month period ² → Maximum Allowance: Frames: \$30 Each lens: Single Vision - \$20; Bifocal - \$35; Trifocal - \$45; Lenticular - \$50		Not Covered (except for first pair of eyeglasses necessary after cataract surgery)	20% (\$40 combined max for initial frames and lenses)
← \$100 max allowance ² →		← \$100 max allowance ² →		← \$100 max allowance ² →		Not Covered	20% (up to \$40/year)

¹ If benefits are payable by Medicare and you use a provider who accepts Medicare assignment, covered services will be paid in full.

² This is a benefit beyond Medicare. Refer to your *Evidence of Coverage* (EOC) booklet for explanation.



CalPERS Health Benefits Program

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